

CATCHER/PROCESSOR DCPL GROUNDFISH/IFQ LONGLINE AND POT GEAR

VESSEL NAME

OPERATOR NAME AND SIGNATURE

DATE (M - D - Y)	PAGE
ADF&G PROCESSOR CODE	
FEDERAL FISHERIES PERMIT NO.	

INACTIVE	START	END	REASON		FEDERAL REPORTING AREA				
IFQ			CDQ	OBSERVER INFORMATION					
Operator IFQ Permit #		IFQ Permit #	CDQ Group #	NO. OF OBSERVERS ONBOARD					
IFQ Permit #		IFQ Permit #	Halibut CDQ Permit #	OBSERVER NAME & CRUISE #					
IFQ Permit #		IFQ Permit #	MANAGEMENT PROGRAM (Circle one if applicable and enter number)						
IFQ Permit #		IFQ Permit #	Exempted	Research					
		No. _____							
CREW SIZE <input type="checkbox"/> Pot <input type="checkbox"/> Jig <input type="checkbox"/> Troll <input type="checkbox"/> Handline <input type="checkbox"/> Hook & Line <input type="checkbox"/> Other If Hook & Line, complete boxes immediately below.									
If same as previous page check	GEAR ID	✓ GEAR TYPE			LENGTH OF SKATE (feet)	HOOK			
		FIXED HOOK				CONV	TUB	AUTOLINE	SNAP
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		A							
B									
C									
D									
<i>Complete these boxes once per delivery</i>									

Complete these boxes once per delivery

COMMENTS